

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40435

DEC 18 1936

**1. PLACE OF DEATH**

County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH (No. 606 SOUTH 16TH ST.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1415

**2. FULL NAME**

VIRVIL V. HALL

(a) Residence, No. 606 SOUTH 16TH ST. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 7, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
56 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ABSTRACTOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GOWER, MISSOURI

13. NAME JOHN W. HALL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PLEASANTVILLE, KENTUCKY

15. MAIDEN NAME ELIZA WEAKLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) EDNA CASEY 606 S. 16TH. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE NOV. 16, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Nov 16 1936 A. J. Nestleback Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 13, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1936 to Nov 13 1936.  
I last saw him alive on Nov 12 1936 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

hemorrhage of the liver Date of onset \_\_\_\_\_

Other contributory causes of importance: hemorrhage of liver

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? hemorrhage Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.

(Address) Dr. J. J. ...

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(1)

The first part of the document discusses the general principles of the proposed system. It is intended to provide a comprehensive overview of the various components and their interactions. The system is designed to be flexible and adaptable to different environments and requirements.

The second part of the document details the specific implementation of the system. This includes a description of the hardware and software components, as well as the configuration and installation procedures. The goal is to ensure that the system can be deployed and maintained with minimal effort.

The third part of the document provides a detailed analysis of the system's performance and reliability. This includes a discussion of the various factors that can affect the system's operation, such as network latency, hardware failures, and software bugs. The analysis also includes a comparison of the system's performance against other similar systems.

The fourth part of the document discusses the security and privacy aspects of the system. This includes a description of the various security measures that have been implemented, such as encryption, authentication, and access control. The goal is to ensure that the system is secure and that the data it handles is protected.

The fifth part of the document provides a summary of the key findings and conclusions of the study. This includes a discussion of the strengths and weaknesses of the system, as well as some recommendations for future work. The goal is to provide a clear and concise overview of the system and its capabilities.

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**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1415  
 City St Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Virgil V Hall  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED FEB 5 1931 H. Neuberger Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Cancer of the liver Date of onset \_\_\_\_\_

Primary of liver

Other contributory causes of importance:

Cancer of lung

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Joseph D. Ryan M. D.  
St Joseph mo (Address)

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

5-40485